

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service 01/29/01, 03/08/01 and 03/14/01?
b. The request was received on 02/14/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 02/07/02
 - b. HCFA(s)
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution dated 05/23/02
 - b. Medical Audit summary/EOBs
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 05/16/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 05/17/02. The response from the insurance carrier was received in the Division on 05/29/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: letter dated 02/07/02
"The carrier claims that range of motion / muscle strength testing codes (95851 / 97750) are included in a global code which accurately describes the entire procedure(s) performed...Since the insurance carrier did not have valid reason for denial of care which was medically necessary, we hereby request the Division to assist in resolving this medical dispute in favor of the provider for services which were medically necessary."

2. Respondent: letter dated 05/23/02
 “The range of motion and muscle testing of 3/8/01 were denied as global to the FCE on the same day. \$500 was paid for the FCE which includes both range of motion and muscle testing. The office visit of 3/14/01 was paid. A copy of the EOB and print with the check number are attached.”

IV. FINDINGS

1. Based on Commission Rule 133.305 (d)(1&2), the only dates of service eligible for review are 03/08/01 and 03/14/01. The date of service 01/29/01 is not filed timely per referenced Rule.
2. The Carrier’s EOBs have the denials “G – THIS SEPARATE/INDEPENDENT PROCEDURE IS CONSIDERED AN INTEGRAL PART OF THE TOTAL SERVICES PERFORMED AND DOES NOT WARRANT A SEPARATE CHARGE.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
03/08/01	95851	\$36.00	\$0.00	G	\$36.00	MFG, MGR (I)(E)(2 & 3), CPT descriptors	The HCFA-1500 and the EOB indicates that on the date of service in dispute the provider also billed for a functional capacity evaluation. Per MFG, MGR (I)(E)(2)(b), “FCEs contain the following three elements: (ii) A physical capacity evaluation of the injured area which includes the following: (AA) range of motion (quantitative measurements using appropriate devices) of the injured joint or region;”. Also, per MGR (I)(E)(3), “...Muscle testing shall not be reimbursed in addition to a functional capacity evaluation (FCE).”. Therefore, the provider is due no reimbursement for CPT codes 95851 and 9750-MT.
03/08/01	97750-MT	\$43.00	\$0.00	G	\$43.00 per body area		
03/14/01	99213	\$48.00	\$48.00	EOB shows paid	\$48.00	MFG, CPT descriptor	The provider’s dispute packet EOB for this date of service and CPT code indicates paid. The carrier’s response contains an EOB that indicates paid and a print containing the check number (3113247639). The issue of whether the provider has received the carrier approved payment should be addressed by the division of Compliance and Practice. Therefore, no additional reimbursement is recommended.
Totals		\$127.00	\$48.00				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 25th day of June, 2002.

Larry Beckham
 Medical Dispute Resolution Supervisor
 Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers’ Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director